



## 2008 Dance Camp Registration/Medical Release Form

Student's Name \_\_\_\_\_

Student's Age \_\_\_\_\_ Camp Date Attending \_\_\_\_\_

Parents' Name \_\_\_\_\_

Address \_\_\_\_\_

Circle One: Resident Part-time Resident Visitor \_\_\_\_\_ Other \_\_\_\_\_

Phone \_\_\_\_\_ Second Contact # \_\_\_\_\_

Email Address \_\_\_\_\_

Dance Background \_\_\_\_\_

Any health, medical, or physical problems/conditions? If yes, please explain: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact – Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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THE TELLURIDE DANCE ACADEMY & MOVEMENT CENTER IS NOT RESPONSIBLE FOR INJURIES ON THE PREMISES. By signing below, I acknowledge that dance, like any physical activity, can result in injury and therefore, I will not hold the Telluride Dance Academy & Movement Center, associated staff, and/or Board members liable for injuries incurred during class or on the premises.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Amount of Payment: \_\_\_\_\_ Date of Payment: \_\_\_\_\_

Type of Payment: Cash Check # \_\_\_\_\_ Visa/MC AmerX

Other Information: \_\_\_\_\_

**Return form to: Telluride Dance Academy  
291 Rio Vista Rd. unit 101 Telluride, CO 81435**